

A		FDID 72002 *		State MS *		Incident Date 11 10 2012 *		Station 1		Incident Number 12-1100007 *		Exposure 000 *		NFIRS -1 Basic					
B Location* <input type="checkbox"/> Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section B "Alternative Location Specification". Use only for Wildland fires.																			
<input type="checkbox"/> Street address <input checked="" type="checkbox"/> Intersection Hambrick RD <input type="checkbox"/> In front of <input type="checkbox"/> Rear of <input type="checkbox"/> Adjacent to <input type="checkbox"/> Directions Number/Milepost Prefix Street or Highway Street Type Suffix Apt./Suite/Room City State Zip Code Robinsonville MS 38664 Kirby RD Cross street or directions, as applicable																			
C Incident Type *				E1 Date & Times				E2 Shift & Alarms				E3 Special Studies							
322 Motor vehicle accident with Incident Type				Check boxes if dates are the same as Alarm Date. Alarm * 11 10 2012 22:40:00 ARRIVAL required, unless canceled or did not arrive <input checked="" type="checkbox"/> Arrival * 11 10 2012 22:46:00 CONTROLLED Optional, Except for wildland fires <input type="checkbox"/> Controlled LAST UNIT CLEARED, required except for wildland fires <input checked="" type="checkbox"/> Last Unit <input checked="" type="checkbox"/> Cleared 11 10 2012 23:46:00				Midnight is 0000 Local Option 1 201 Shift or Alarms District Platoon				Local Option Special Study ID# Special Study Value							
D Aid Given or Received*				G1 Resources *				G2 Estimated Dollar Losses & Values											
1 <input type="checkbox"/> Mutual aid received 2 <input type="checkbox"/> Automatic aid recv. 3 <input type="checkbox"/> Mutual aid given 4 <input type="checkbox"/> Automatic aid given 5 <input type="checkbox"/> Other aid given N <input checked="" type="checkbox"/> None Their FDID Their State Their Incident Number				<input checked="" type="checkbox"/> Check this box and skip this section if an Apparatus or Personnel form is used. Apparatus Personnel Suppression EMS 0002 0004 Other <input type="checkbox"/> Check box if resource counts include aid received resources.				LOSSES: Required for all fires if known. Optional for non fires. None Property \$ 000 , 000 , 000 <input type="checkbox"/> Contents \$ 000 , 000 , 000 <input type="checkbox"/> PRE-INCIDENT VALUE: Optional Property \$ 000 , 000 , 000 <input type="checkbox"/> Contents \$ 000 , 000 , 000 <input type="checkbox"/>											
F Actions Taken *				H1* Casualties				H3 Hazardous Materials Release				I Mixed Use Property							
81 Incident command Primary Action Taken (1) Additional Action Taken (2) Additional Action Taken (3)				Deaths Injuries Fire Service Civilian H2 Detector Required for Confined Fires. 1 <input type="checkbox"/> Detector alerted occupants 2 <input type="checkbox"/> Detector did not alert them U <input type="checkbox"/> Unknown				N <input type="checkbox"/> None 1 <input type="checkbox"/> Natural Gas: slow leak, no evacuation or HazMat actions 2 <input type="checkbox"/> Propane gas: <21 lb. tank (as in home BBQ grill) 3 <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container 4 <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage 5 <input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable 6 <input type="checkbox"/> Household solvents: home/office spill, cleanup only 7 <input type="checkbox"/> Motor oil: from engine or portable container 8 <input type="checkbox"/> Paint: from paint cans totaling < 55 gallons 0 <input type="checkbox"/> Other: Special HazMat actions required or spill > 55gal.. Please complete the HazMat form				NN <input type="checkbox"/> Not Mixed 10 <input type="checkbox"/> Assembly use 20 <input type="checkbox"/> Education use 33 <input type="checkbox"/> Medical use 40 <input type="checkbox"/> Residential use 51 <input type="checkbox"/> Row of stores 53 <input type="checkbox"/> Enclosed mall 58 <input type="checkbox"/> Bus. & Residential 59 <input type="checkbox"/> Office use 60 <input type="checkbox"/> Industrial use 63 <input type="checkbox"/> Military use 65 <input type="checkbox"/> Farm use 00 <input type="checkbox"/> Other mixed use							
J Property Use* Structures				J Property Use* Structures				J Property Use* Structures				J Property Use* Structures							
131 <input type="checkbox"/> Church, place of worship 161 <input type="checkbox"/> Restaurant or cafeteria 162 <input type="checkbox"/> Bar/Tavern or nightclub 213 <input type="checkbox"/> Elementary school or kindergarten 215 <input type="checkbox"/> High school or junior high 241 <input type="checkbox"/> College, adult education 311 <input type="checkbox"/> Care facility for the aged 331 <input type="checkbox"/> Hospital				341 <input type="checkbox"/> Clinic, clinic type infirmary 342 <input type="checkbox"/> Doctor/dentist office 361 <input type="checkbox"/> Prison or jail, not juvenile 419 <input type="checkbox"/> 1-or 2-family dwelling 429 <input type="checkbox"/> Multi-family dwelling 439 <input type="checkbox"/> Rooming/boarding house 449 <input type="checkbox"/> Commercial hotel or motel 459 <input type="checkbox"/> Residential, board and care 464 <input type="checkbox"/> Dormitory/barracks 519 <input type="checkbox"/> Food and beverage sales				539 <input type="checkbox"/> Household goods, sales, repairs 579 <input type="checkbox"/> Motor vehicle/boat sales/repair 571 <input type="checkbox"/> Gas or service station 599 <input type="checkbox"/> Business office 615 <input type="checkbox"/> Electric generating plant 629 <input type="checkbox"/> Laboratory/science lab 700 <input type="checkbox"/> Manufacturing plant 819 <input type="checkbox"/> Livestock/poultry storage (barn) 882 <input type="checkbox"/> Non-residential parking garage 891 <input type="checkbox"/> Warehouse				936 <input type="checkbox"/> Vacant lot 938 <input type="checkbox"/> Graded/care for plot of land 946 <input type="checkbox"/> Lake, river, stream 951 <input type="checkbox"/> Railroad right of way 960 <input type="checkbox"/> Other street 961 <input type="checkbox"/> Highway/divided highway 962 <input type="checkbox"/> Residential street/driveway				981 <input type="checkbox"/> Construction site 984 <input type="checkbox"/> Industrial plant yard Lookup and enter a Property Use code only if you have NOT checked a Property Use box: Property Use 963 Street or road in commercial NFIRS-1 Revision 03/11/99			
Completed Modules				Outside															
<input type="checkbox"/> Fire-2 <input type="checkbox"/> Structure-3 <input type="checkbox"/> Civil Fire Cas.-4 <input type="checkbox"/> Fire Serv. Cas.-5 <input type="checkbox"/> EMS-6 <input type="checkbox"/> HazMat-7 <input type="checkbox"/> Wildland Fire-8 <input checked="" type="checkbox"/> Apparatus-9 <input checked="" type="checkbox"/> Personnel-10 <input type="checkbox"/> Arson-11				124 <input type="checkbox"/> Playground or park 655 <input type="checkbox"/> Crops or orchard 669 <input type="checkbox"/> Forest (timberland) 807 <input type="checkbox"/> Outdoor storage area 919 <input type="checkbox"/> Dump or sanitary landfill 931 <input type="checkbox"/> Open land or field															

A		FDID 72002		State MS		Incident Date 11/10/2012		Station 1		Incident Number 12-1100007		Exposure 000		<input type="checkbox"/> Delete <input type="checkbox"/> Change		NFIRS - 9 Apparatus or Resources	
B		Apparatus or * Resource		Date and Times <small>Check if same as alarm date</small>						Sent <input checked="" type="checkbox"/>	Number of * People	Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>	Actions Taken				
				Month Day Year Hour Min Dispatch <input checked="" type="checkbox"/> 11/10/2012 22:40 Arrival <input checked="" type="checkbox"/> 11/10/2012 22:46 Clear <input checked="" type="checkbox"/> 11/10/2012 23:46													
1		ID E-4 Type 11							<input checked="" type="checkbox"/>	2	<input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other						
2		ID S-4 Type 16							<input checked="" type="checkbox"/>	2	<input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other						
3		ID <input type="text"/> Type <input type="text"/>							<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other						
4		ID <input type="text"/> Type <input type="text"/>							<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other						
5		ID <input type="text"/> Type <input type="text"/>							<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other						
6		ID <input type="text"/> Type <input type="text"/>							<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other						
7		ID <input type="text"/> Type <input type="text"/>							<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other						
8		ID <input type="text"/> Type <input type="text"/>							<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other						
9		ID <input type="text"/> Type <input type="text"/>							<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other						

Type of Apparatus or Resources**Ground Fire Suppression**

- 11 Engine
- 12 Truck or aerial
- 13 Quint
- 14 Tanker & pumper combination
- 16 Brush truck
- 17 ARF (Aircraft Rescue and Firefighting)
- 10 Ground fire suppression, other

Heavy Ground Equipment

- 21 Dozer or plow
- 22 Tractor
- 24 Tanker or tender
- 20 Heavy equipment, other

Aircraft

- 41 Aircraft: fixed wing tanker
- 42 Helitanker
- 43 Helicopter
- 40 Aircraft, other

Marine Equipment

- 51 Fire boat with pump
- 52 Boat, no pump
- 50 Marine apparatus, other

Support Equipment

- 61 Breathing apparatus support
- 62 Light and air unit
- 60 Support apparatus, other

Medical & Rescue

- 71 Rescue unit
- 72 Urban Search & rescue unit
- 73 High angle rescue unit
- 75 BLS unit
- 76 ALS unit
- 70 Medical and rescue unit, other

More Apparatus?
Use Additional
Sheets

Other

- 91 Mobile command post
- 92 Chief officer car
- 93 HazMat unit
- 94 Type 1 hand crew
- 95 Type 2 hand crew
- 99 Privately owned vehicle
- 00 Other apparatus/resource

NN None
UU Undetermined

NFIRS-9 Revision 11/17/98

Exhibit F - North Tunica Fire Department Incident Report, 11/10/12 NFIRS-10 Revision 11/17/98

K1 Person/Entity Involved		Business name (if applicable)		Area Code	Phone Number
Local Option					
<input type="checkbox"/> Check This Box if same address as incident location. Then skip the three duplicate address lines.	Mr., Ms., Mrs. First Name		MI	Last Name	Suffix
	Number	Prefix	Street or Highway		Street Type
	Post Office Box		Apt./Suite/Room	City	
	State	Zip Code			
<input type="checkbox"/> More people involved? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary					

K2 Owner		Business name (if Applicable)		Area Code	Phone Number
Local Option					
<input type="checkbox"/> Check this box if same address as incident location. Then skip the three duplicate address lines.	Mr., Ms., Mrs. First Name		MI	Last Name	Suffix
	Number	Prefix	Street or Highway		Street Type
	Post Office Box		Apt./Suite/Room	City	
	State	Zip Code			

L Remarks	
Local Option	
<p>On 11/10/2012 at 22:40:00 dispatched To Hambrick RD & Kirby RD /Robinsonville, MS 38664. The location is a Street or road in commercial area. The incident was determined to be a(n) Motor vehicle accident with injuries. E-4 and S-4 arrived on scene to find a one car roll over with ejection. Driver was thrown about 50 feet from vehicle. We assisted Pafford unit 431 with patient packaging and Air Med One transported him to the Med. E-4 and S-4 went back in service and returned to station.</p> <p>22:46:00 arrived on scene.</p> <p>The following actions were performed on scene:</p> <p style="padding-left: 40px;">Incident command</p> <p>Units responding were:</p> <p>Unit E-4 responded.</p> <p>Unit S-4 responded.</p> <p>23:46:00 all units back in service.</p>	

L Authorization							
Local Option							
53303	Jackson, Stephen	CP	E-4	11	11	2012	
Officer in charge ID	Signature	Position or rank	Assignment	Month	Day	Year	
<input checked="" type="checkbox"/> Check Box if same as Officer in charge.	53303	Jackson, Stephen	CP	E-4	11	11	2012
Member making report ID	Signature	Position or rank	Assignment	Month	Day	Year	